ROLLING MEADOWS NURSING/REHABILITATION

1155 SOUTH MILITARY ROAD

FOND DU LAC 54937 Phone: (92	20) 929-3585	Ownership:	County
Operated from 1/1 To 12/31 Days of	f Operation: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12	2/31/02): 100	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/02)	100	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/02:	84	Average Daily Census:	90

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02)				
Home Health Care No		Primary Diagnosis			%	Less Than 1 Year	22.6
Supp. Home Care-Personal Care	No					1 - 4 Years	47.6
Supp. Home Care-Household Services	No	Developmental Disabilities	2.4	Under 65	4.8	More Than 4 Years	29.8
Day Services	No	Mental Illness (Org./Psy)	42.9	65 - 74	11.9		
Respite Care	Yes	Mental Illness (Other)	9.5	75 - 84	35.7		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	38.1	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.2	95 & Over	9.5	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	0.0			(12/31/02)	
Other Meals	No	Cardiovascular	2.4	65 & Over	95.2		
Transportation	No	Cerebrovascular	4.8			RNs	12.7
Referral Service	No	Diabetes	3.6	Sex	용	LPNs	12.4
Other Services	Yes	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	33.3	Male	40.5	Aides, & Orderlies	50.9
Mentally Ill	No			Female	59.5		
Provide Day Programming for	1		100.0				
Developmentally Disabled	No				100.0		
******	****		*****	*****	*****	********	*****

Method of Reimbursement

		edicare			edicaid			Other			Private Pay		:	Family Care			anaged Care	! 		
Level of Care	No.	00	Per Diem (\$)	No.	%	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	8	100.0	272	52	92.9	108	0	0.0	0	15	93.8	139	4	100.0	108	0	0.0	0	79	94.0
Intermediate				4	7.1	89	0	0.0	0	1	6.3	139	0	0.0	0	0	0.0	0	5	6.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		56	100.0		0	0.0		16	100.0		4	100.0		0	0.0		84	100.0

County: Fond Du Lac
ROLLING MEADOWS NURSING/REHABILITATION

Page 2

*******	*****	*****	*****	*****	*****	*****	*****
Admissions, Discharges, and	1	Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12/	31/02
Deaths During Reporting Period	1						
	1				% Needing		Total
Percent Admissions from:	1	Activities of	%	As	sistance of	2	Number of
Private Home/No Home Health	21.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	8.1	Bathing	0.0		100.0	0.0	84
Other Nursing Homes	4.1	Dressing	7.1		92.9	0.0	84
Acute Care Hospitals	60.8	Transferring	20.2		79.8	0.0	84
Psych. HospMR/DD Facilities	0.0	Toilet Use	19.0		81.0	0.0	84
Rehabilitation Hospitals	0.0	Eating	57.1		42.9	0.0	84
Other Locations	5.4	* * * * * * * * * * * * * * * * * * * *	*****	*****	******	********	*****
Total Number of Admissions	74	Continence		8	Special Treatm	nents	용
Percent Discharges To:	1	Indwelling Or Externa	al Catheter	13.1	Receiving Re	espiratory Care	3.6
Private Home/No Home Health	17.6	Occ/Freq. Incontinent	of Bladder	96.4	Receiving Tr	racheostomy Care	0.0
Private Home/With Home Health	16.5	Occ/Freq. Incontinent	c of Bowel	78.6	Receiving Su	actioning	1.2
Other Nursing Homes	2.4				Receiving Os	stomy Care	1.2
Acute Care Hospitals	14.1	Mobility			Receiving Tu	ıbe Feeding	1.2
Psych. HospMR/DD Facilities	0.0	Physically Restrained	Ĺ	6.0	Receiving Me	echanically Altered Diets	39.3
Rehabilitation Hospitals	0.0						
Other Locations	12.9	Skin Care			Other Resident	Characteristics	
Deaths	36.5	With Pressure Sores		6.0	Have Advance	e Directives	100.0
Total Number of Discharges	1	With Rashes		4.8	Medications		
(Including Deaths)	85				Receiving Ps	sychoactive Drugs	35.7

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		Owne	ership:	Bed	Size:	Lic	ensure:			
	This	Gove	ernment	100	-199	Ski	lled	Al	1	
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities	
	%	엉	Ratio	용	Ratio	ଚ	Ratio	90	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	59.7	84.6	0.71	85.5	0.70	86.7	0.69	85.1	0.70	
Current Residents from In-County	85.7	55.3	1.55	78.5	1.09	69.3	1.24	76.6	1.12	
Admissions from In-County, Still Residing	23.0	26.2	0.88	24.7	0.93	22.5	1.02	20.3	1.13	
Admissions/Average Daily Census	82.2	60.4	1.36	114.6	0.72	102.9	0.80	133.4	0.62	
Discharges/Average Daily Census	94.4	64.0	1.48	114.9	0.82	105.2	0.90	135.3	0.70	
Discharges To Private Residence/Average Daily Census	32.2	19.7	1.64	47.9	0.67	40.9	0.79	56.6	0.57	
Residents Receiving Skilled Care	94.0	85.5	1.10	94.9	0.99	91.6	1.03	86.3	1.09	
Residents Aged 65 and Older	95.2	88.5	1.08	94.1	1.01	93.6	1.02	87.7	1.09	
Title 19 (Medicaid) Funded Residents	66.7	79.1	0.84	66.1	1.01	69.0	0.97	67.5	0.99	
Private Pay Funded Residents	19.0	16.2	1.18	21.5	0.89	21.2	0.90	21.0	0.91	
Developmentally Disabled Residents	2.4	0.5	4.53	0.6	3.76	0.6	4.20	7.1	0.34	
Mentally Ill Residents	52.4	48.2	1.09	36.8	1.42	37.8	1.38	33.3	1.57	
General Medical Service Residents	33.3	20.0	1.67	22.8	1.46	22.3	1.49	20.5	1.63	
Impaired ADL (Mean)	39.8	44.1	0.90	49.1	0.81	47.5	0.84	49.3	0.81	
Psychological Problems	35.7	62.8	0.57	53.4	0.67	56.9	0.63	54.0	0.66	
Nursing Care Required (Mean)	7.1	7.5	0.96	6.8	1.04	6.8	1.05	7.2	0.99	